To the Town Council of Warren Victualling License

The undersigned respectfully petitions for a Victualling License

Date
Please review the following information. Fill in missing information and make any necessary correction. Please print or type.
Legal Business Name
D/B/A (if applicable)
Business Address
Business Phone #
Email
Would you like coorespondence via email? Please check one Yes No
Business Owner Name
Address
Town State & Zip code
Specific description of food type and service:
Business Owner's Home Telephone#
 Town of Warren Tax paid through 11/1/2015- 245-7341 (from previous owner if applied 2. Letter of Good Standing from the Secretary of State 222-3040 for corporations-Long for if using D/B/A Approval from Department of Health –222-2231 –(copy of Health certificate) Inspection up to date from Warren Fire Chief -245-7600 Sales Permit Copy of Driver's License from owner(s) & manager (s) of establishment
All of these stipulations must be met before the renewal license will be issued. Licenses expire on December 1 at midnight.
Received in the office of Town Clerk:

Police Chief______ Fire Chief ______ Building Official ______